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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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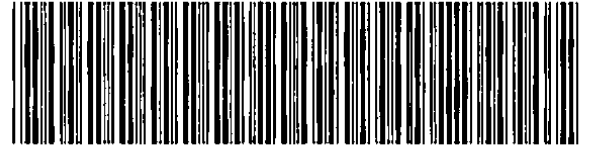
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida End of Life Doula Association, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4019 NW 17th Avenue  
Gainesville, FL 32605

**Mailing Address:**

4019 NW 17th Avenue  
Gainesville, FL 32605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Shanti Vani

Name

4019 NW 17th Avenue

Florida street address (P.O. Box **NOT** acceptable)

Gainesville

FL

32605

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Shanti Vani

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Shanti Vani  
4019 NW 17th Avenue  
Gainesville, FL 32605

MGR

William Heath  
1217 NW 30th Avenue  
Gainesville, FL 32609

MGR

Charon Collier  
7643 Gate Parkway, Ste. 104-1319  
Jacksonville, FL 32256

MGR

Lynn Principe  
1512 Gladys Circle  
Dunedin, FL 34698

(Use attachment if necessary)

*(see attached 2 more)*

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Shanti Vani*

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Shanti Vani

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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These are two additional board members for Florida End of Life Doula Association.

MGR: Terry Carretta  
1209 Marine Way, Apt. A-601  
North Palm Beach, FL 33408

MGR: Keeley Ward  
20 Berkley Road  
Ormond Beach, FL 32176

Signed Shanti Vani Date 1/4/23

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